## **SPECIAL PURPOSE TEST EXAMINATION**

(For use of this form, see USMEPCOM Reg 611-1)

## FOR OFFICIAL USE ONLY

## PRIVACY ACT STATEMENT

AUTHORITY: 44 USC 3103, 10 USC 133, 10 USC 3012, Executive Order 9397

PRINCIPAL PURPOSE: To request a special purpose test examination. Your social security number is used to positively identify your results. ROUTINE USE: To compute and verify test scores to determine eligibility for enlistment in the Armed Forces, and provide scores to recruiting services. To provide data to DoD agencies and the appropriate outside activities for compilation or research purposed.  DISCLOSURE: Disclosure is mandatory. If you fail to answer any of the personal questions, you will not be allowed to take the test.							
Name (Last, First, Middle Initial)			2. Social Security N	lumber	3. Date of Birth		
Marine Corps C		Force past Guard	Nationa Reserve	es	6. Education		
7. Recruiter ID #							
8. Book Number 9.	. Test	Form Identification 10. Check One: Initial (OR) Retest					st
11. I AM MENTALLY AND PHYSICALLY FIT TO TAKE THIS TEST TODAY YES NO							
12. Applicant Signature							
13. Date Tested	14. Place Tested						
15. Checked By/Date	16. Computed By/Date						
17. Verified By/Date							
18. Special Tests							